

**MarkLines Information Platform Membership Application Form
2 Accounts**

Applicant Information:

Company Name (Official): _____
Address: _____
State/Prov./Shire: _____ Country: _____ Postal Code: _____
Tel/Mobile: _____ Homepage: _____

Annual Fee: 5,100 Euro

Payment Terms: 30 Days 60 Days Other (Payment to be made by ____/____/20____)
Payment Method: Bank Transfer Other _____

How did you learn about MarkLines' "Information Platform"? (Please circle)

1. MarkLines' Sales Person (Europe / Japan) 2. MarkLines' Sales Partner Company Name _____
3. Friends/ Acquaintance Recommendation 4. Other _____

<Important> Please read the following notes carefully:

- * Cancellation: If your company does not wish to continue its membership, you must inform MarkLines in writing at least 3 months prior to the last day of your subscription. MarkLines agrees to send an e-mail notice in advance of your subscription renewal. If we do not receive your cancellation, the contract will be automatically renewed for another 12 months and continue under the same conditions.
- * Range of Use: Use of this service shall be limited to the company that is stated and the user(s) within the country/countries listed on this application form. For any of the applicant's affiliated or subsidiary companies, foreign branches, or foreign representative offices to make use of the service, they each must complete a separate application/contract. (Refer to Article 4 of the Regulation on Group Use of Information Platform)
- * If we receive an inquiry from any of your employees, we may disclose contact information of the person-in-charge of the contract.
- * Please keep a copy of this application form for your reference.

Acknowledgement & Acceptance of Contract:

I agree to all the terms and conditions stated on MarkLines Co., Ltd.'s website (URL: www.marklines.com), and hereby formally apply to join MarkLines "Information Platform" (2 Accounts) as a paid corporate member.

Name: _____ Signature: _____
Title: _____ Department: _____
Email: _____ Tel/Mobile: _____

Bill to:

Same as above applicant information If different from applicant information: (Please fill in)
Company Name: _____ Address: _____
City/Country: _____ Name: _____ Title: _____
Department: _____ Tel/Mobile: _____ Email: _____

Required Document(s) for Payment: (Please check if necessary)

PO Vendor Form